

EMERGENCY

FORM #585

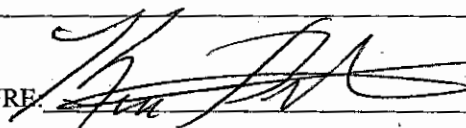
7th REQUESTGRIEVANCEMEDICAL GRIEVANCEFACILITY: D.C.C.DATE SUBMITTED: 6-18-06INMATE'S NAME: Kevin BrathwaiteSBI#: 315294HOUSING UNIT: S.H.U.CASE #: 50183

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: Oct, 9th, 2004 thru June, 2006

TYPE OF MEDICAL PROBLEM:

The injury I sustained on Oct, 9th, 2004 as a result of being assaulted by officers while I was handcuffed and shackled, has developed a serious infection and is in need of immediate attention.

GRIEVANT'S SIGNATURE: DATE: 6-18-06

ACTION REQUESTED BY GRIEVANT:

That I receive a root canal on my injured infected front tooth

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

RECEIVED

JUN 22 2006

Inmate Grievance Office

Instructions for Submitting a Regular Grievance

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven (7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.


Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOV Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s) :

- ☐ **Vulgar/Abusive or Threatening Language.** The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.
- ☐ **Non-Grievable.** This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed.
- ☐ **Disciplinary Action** ☐ **Parole Decision** ☐ **Classification Action**
- ☐ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate Office to secure the information that is requested.
- ☒ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance # 38424
- ☐ **Original Grievances must be submitted to the Inmate Grievance Chairperson.** Photocopies are not accepted.
- ☐ **Inquiry on behalf of other inmates.** Inmates cannot submit grievances for other inmates.
- ☐ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.

HEARING WAS HELD 6-3-06


Inmate Grievance Chairperson

7-3-06
Date

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 05/11/2006

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : BRATHWAITE, KEVIN C	SBI# : 00315294	Institution : DCC
Grievance # : 38424	Grievance Date : 04/19/2006	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 04/19/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 17, Lower, Tier B, Cell 8, Single	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: I have submitted six sick call slips and I still haven't been seen. (Dental)

Remedy Requested : That I be seen by dental ASAP.

NOT entire
complaint

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 05/11/2006
Investigation Sent : 05/11/2006	Investigation Sent To : Rodweller, Deborah
Grievance Amount :	

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 05/11/2006

INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

Offender Name : BRATHWAITE, KEVIN C	SBI# : 00315294	Institution : DCC
Grievance # : 38424	Grievance Date : 04/19/2006	Category : Individual
Status : Unresolved	Resolution Status :	Inmate Status :
Grievance Type : Health Issue (Medical)	Incident Date : 04/19/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 17, Lower, Tier B, Cell 8, Single	

INFORMAL RESOLUTION**Investigator Name** : Rodweller, Deborah**Date of Report** 05/11/2006**Investigation Report** :**Reason for Referring**:**Offender's Signature**: _____**Date** : _____**Witness (Officer)** : _____

GRIEVANCE INFORMATION - MGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : BRATHWAITE, KEVIN C	SBI# : 00315294	Institution : DCC
Grievance # : 38424	Grievance Date : 04/19/2006	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/19/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 17, Lower, Tier B, Cell 8, Single	

MGC

Date Received : 06/02/2006 Date of Recommendation: 06/30/2006

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Eller, Gail	Uphold
Staff		Branch, Adriene	Uphold
Staff		McCreanor, Michael	Abstain

VOTE COUNT

Uphold : 2 Deny : 0 Abstain : 1

TIE BREAKER

Person Type	SBI #	Name	Vote

RECOMMENDATION

Hearing held 6/30/2006.
Uphold - Will notify dental about this issue.
S. Sergeant RN- uphold
Inmate supplied with an appeal form. Appeal due Friday 7 July 2006.

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 06/20/2006

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : BRATHWAITE, KEVIN C	SBI# : 00315294	Institution : DCC
Grievance # : 46948	Grievance Date : 06/08/2006	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 06/08/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 17, Lower, Tier B, Cell 8, Single	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: My front teeth have developed an infection and the dentist told me that I need a root canal which can only be approved by the DOC.

Remedy Requested : That I be given a root canal to properly treat the infection in my teeth.

INDIVIDUALS INVOLVED

Type	SBI #	Name

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 06/20/2006
Investigation Sent : 06/20/2006	Investigation Sent To : Rodweller, Deborah
Grievance Amount :	

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 06/20/2006

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : BRATHWAITE, KEVIN C	SBI# : 00315294	Institution : DCC
Grievance # : 46948	Grievance Date : 06/08/2006	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 06/08/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 17, Lower, Tier B, Cell 8, Single	

INFORMAL RESOLUTION

Investigator Name : Rodweller, Deborah	Date of Report 06/20/2006
Investigation Report :	
Reason for Referring:	

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 06/20/2006

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : BRATHWAITE, KEVIN C **SBI# :** 00315294 **Institution :** DCC
Grievance # : 46949 **Grievance Date :** 06/08/2006 **Category :** Individual
Status : Unresolved **Resolution Status :** **Resol. Date :**
Grievance Type: Health Issue (Medical) **Incident Date :** 06/08/2006 **Incident Time :**
IGC : Merson, Lise M **Housing Location :** Bldg 17, Lower, Tier B, Cell 8, Single

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims: I was told today that I would have to wait many months to have three teeth filled. If I have to wait that long, then by the time I am called for fillings the teeth will be even more decayed.

Remedy Requested : That I get dental treatment ASAP.

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES **Date Received by Medical Unit :** 06/20/2006
Investigation Sent : 06/20/2006 **Investigation Sent To :** Rodweller, Deborah
Grievance Amount :

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 06/20/2006

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : BRATHWAITE, KEVIN C	SBI# : 00315294	Institution : DCC
Grievance # : 46949	Grievance Date : 06/08/2006	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 06/08/2006	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 17, Lower, Tier B, Cell 8, Single	

INFORMAL RESOLUTION

Investigator Name : Rodweller, Deborah **Date of Report :** 06/20/2006

Investigation Report :

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____